

REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT D018763789

Company Name: Grimes Cleaners Inc.

Date of Request: March 20, 1998

Town: New London

59771
7/9/98
QC
613/98

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation			
II. Location of Installation			
III. Mailing Address of Installation			
IV.a. Installation Contact's Name	Keff Berkowitz	Jules Berkowitz	Per 1997 SQG Report
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status Originally notified as: (please circle) CESQG (<100 kg/month) SQG (100 - 1000 kg/month) LQG (>1000 kg/mth) Transporter T/S/D Facility		Change Status to:	



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• CTD018763789

INSTALLATION ADDRESS

GRIMES CLEANERS INC
54-58 OCEAN AVE
NEW LONDON

CT 06320

54-58 OCEAN AVE
NEW LONDON

CT 06320



One Bank
OF
SOUTHEASTERN CONNECTICUT

20139

\$50.00

Date 17 January 1991

Pay to the order of Department of Environmental Protection *****50.00*****

CASHIER'S CHECK

[Signature]
AUTHORIZED SIGNATURE

THIS DOCUMENT IS VOID IF COLORED BACKGROUND DOES NOT APPEAR ON THE FACE

⑈026759⑈ ⑆011104131⑆ 01 0002 1⑈

-- Great waste Oil/Petroleum/Chemical Liquids	\$	_____
Annual fee for each HW Landfill, Incinerator	\$	_____
Storage, Treatment and Land Treatment Facility	\$	_____
Annual fee for generators	\$	50.00
Submittal of closure/Post Closure Plans	\$	_____

For Treatment, Storage & Disposal Facilities and Generators:

Company Name S CTD018763789

Location Address: GRIMES CLEANERS INC
54 - 58 OCEAN AVE
NEW LONDON CT 06320
BERKOWITZ (JULES)

EPA ID Number: _____

Payer Name Same

Address _____

Phone 860 442-4021

old
note of change
5/10/91
[Signature]

Change to New
[Signature]

RECEIVED

JAN 28 1991

Management Bureau
Waste Engineering & Enforcement
Permits

FOR DEP USE ONLY! Date Payment Received _____ Received by [Signature]

- BANK CHECKS OR MONEY ORDERS ONLY!
- Made Payable to: Dept. of Environmental Protection
- Attach bank check or money order and return this completed form to:

DEPARTMENT OF ENVIRONMENTAL PROTECTION
WASTE MANAGEMENT BUREAU-WEED-PERMITS
165 CAPITOL AVENUE, HARTFORD, CT 06106

NCA# 1314165

Approved OMB No. 158-S79016
SA No. 0246-EPA-OT

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

SDG

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER: 010018763789
APPROVED: []
DATE RECEIVED (yr., mo., & day): 950526

I. NAME OF INSTALLATION

GRIMES CLEANERS INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

54-58 OCEAN AVE

CITY OR TOWN

ST.

ZIP CODE

NEW LONDON CONN

06320

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

New London
011

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

BERKOWITZ JULES PRES

303-443-4421

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

JULES BERKOWITZ

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL
M - NON-FEDERAL

M

A. GENERATION

B. TRANSPORTATION (complete item VII)

C. TREAT/STORE/DISPOSE

D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

A. AIR

B. RAIL

X C. HIGHWAY

D. WATER

E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

SDG

X A. FIRST NOTIFICATION

B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY									
8									
W									
1	2	3	4	5	6	7	8	9	10

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 E000 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Jules Berkowitz</i>	NAME & OFFICIAL TITLE (type or print) JULES BERKOWITZ PRES	DATE SIGNED 4/6/85
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CYCLE CHEM

RECYCLING TREATMENT & DISPOSAL OF HAZARDOUS WASTE

MAY 3, 1985

U.S.E.P.A.
REGION I
JFK FEDERAL BUILDING
ROOM 2303
BOSTON, MASS. 02203

TO WHOM IT MAY CONCERN:

PLEASE FIND ATTACHED NOTIFICATION FORMS (8700-12) REQUESTING EPA ID NUMBERS. CYCLE CHEM IS WORKING WITH THE NEIGHBORHOOD DRYCLEANERS ASSOCIATION (NCA) IN A PROGRAM DESIGNED TO SERVICE INDIVIDUAL DRYCLEANING STORES. SOME OF THESE STORES HAVE BEGUN TO ACCUMULATE WASTE MATERIAL ON THEIR PREMISES AND ARE NOW REQUESTING THAT IT BE PICKED UP AND DISPOSED OF PROPERLY. IN ORDER FOR CYCLE CHEM TO PICK UP THIS WASTE MATERIAL WE MUST REQUIRE EACH DRYCLEANER TO HAVE AN EPA ID NUMBER.

WE WOULD APPRECIATE ANY ASSISTANCE THAT YOUR OFFICE CAN PROVIDE IN EXPEDITING OUR RECEIPT OF THESE ID NUMBERS.

BELOW IS THE LIST OF THE DRYCLEANERS WHOSE FORMS ARE ATTACHED:

ACT #:	1040804	NAME:	ARTS CLEANERS	LOCALE:	DANBURY, CT.
ACT #:	1097172	NAME:	BROADWAY	LOCALE:	NORTH HAVEN, CT.
ACT #:	1128817	NAME:	CENTURY	LOCALE:	ROCKY HILL, CT.
ACT #:	1200216	NAME:	DEMUNDA	LOCALE:	WATERBURY, CT.
ACT #:	1214888	NAME:	DOYLES CUSTOM	LOCALE:	NEW HAVEN, CT.
ACT #:	1246712	NAME:	F & R	LOCALE:	NORWALK, CT.
ACT #:	1063243	NAME:	FAIRFIELD	LOCALE:	FAIRFIELD, CT.
ACT #:	1273361	NAME:	FRANCES	LOCALE:	RIDGEFIELD, CT.
ACT #:	1314165	NAME:	GRIMES	LOCALE:	NEW LONDON, CT.
ACT #:	1348507	NAME:	IMPERIAL	LOCALE:	DARIEN, CT.
ACT #:	1374001	NAME:	JIFFY	LOCALE:	RIVERSIDE, CT.
ACT #:	1393588	NAME:	KENMORE	LOCALE:	BRISTOL, CT.
ACT #:	1435884	NAME:	LINDEN	LOCALE:	DARIEN, CT.
ACT #:	1463888	NAME:	MAJESTIC	LOCALE:	WEST HAVEN, CT.
ACT #:	1496980	NAME:	MILFORD	LOCALE:	MILFORD, CT.
ACT #:	1540262	NAME:	NEW ENGLAND	LOCALE:	GREENWICH, CT.
ACT #:	1552503	NAME:	NORTH HAVEN	LOCALE:	NORTH HAVEN, CT.
ACT #:	1631047	NAME:	RAINBOW	LOCALE:	HAMDEN, CT.
ACT #:	1646834	NAME:	RIDGEFIELD	LOCALE:	RIDGEFIELD, CT.
ACT #:	1685813	NAME:	SEDGWICK	LOCALE:	WEST HARTFORD, CT.
ACT #:	1698702	NAME:	SIMONETTI	LOCALE:	SHELTON, CT.

ACT #: 1743929
ACT #: 1761609
ACT #: 1777106
ACT #: 1780980
ACT #: 1244469
ACT #: 1816721
ACT #: 1189042

NAME: SYLVAN
NAME: TOMMY'S
NAME: TURNPIKE CLEANERS
NAME: UNIVERSAL
NAME: WEST AVENUE
NAME: WESTFAIR
NAME: DARIEN

LOCALE: NEW HAVE, CT.
LOCALE: NEW MILFORD, CT.
LOCALE: FAIRFIELD, CT.
LOCALE: STAMFORD, CT.
LOCALE: NORWALK, CT.
LOCALE: EAST WESTPORT, C
LOCALE: DARIEN, CT.

WE APPRECIATE YOUR ASSISTANCE AND THANK YOU FOR YOUR COOPERATION IN THIS MAT
PLEASE CALL ME IF THERE ARE ANY QUESTIONS AT (201) 442-2314.

SINCERELY,

CYCLE CHEM, INC.

Claudia Grady

CLAUDIA GRADY

PLEASE MAIL LIST OF ID NUMBERS TO:

CYCLE CHEM, INC.
C/O CLEAN VENTURE INC.
1160 STATE STREET
PERTH AMBOY, N.J.

08862